



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

to apply for grocery orders, coal, ice, a sewing machine, a trained nurse, or daily supply of good milk for the baby, or for the protection of a neglected child, and yet, organizations to provide for these do exist.

Many think that this work should be taught in the hospital, and the students should receive practical instruction, for one cannot advise wisely unless he knows the poor with a first-hand knowledge, understands their problems, their difficulties, and their temptations. Medical students are later, as practitioners, centres of charity work. A significant part of this is in the fact that it will give students and doctors an opportunity to learn through practical demonstration the value of sociological knowledge in the field of medicine.

THE NURSING OF GONORRHOËAL OPHTHALMIA

By F. O. GIBBS

Graduate of the Park Avenue Training School, Chicago; Post-graduate of the Massachusetts Eye and Ear Infirmary, Boston, Mass.

THIS paper is prepared from the accumulation of experience gained in private duty and later as a post-graduate and head nurse in the Gardner Building of the Massachusetts Charitable Eye and Ear Infirmary.

The cause of this disease and its clinical picture are too well known to go into detail concerning them here.

There are several things, all of equal importance, to be considered in the nursing of cases of this sort: first, the prevention of infection of the nurse, then the prevention of infection of the family and the general public, the protection of the patient's other eye if only one is involved, and the economic feature of as speedy a recovery as possible.

So far as I have been able to ascertain, the average duration of gonorrhœal ophthalmia, under treatment, has been from ten days to two weeks.

In over fifty cases treated during the past summer at the infirmary, by far the greater number have been off treatment by the fifth day, which has its economic value to an individual as well as to an institution. It also lessens the drain upon the patient's vitality, which is sometimes considerable.

To touch briefly upon each point: first to prevent infection to herself the nurse must have her solutions for her hands ready before commencing treatment. Two bowls large enough to hold several pints of water each should be provided, one of plain water with a medium stiff brush and the other containing a solution of lysol of the ordinary strength for hand solutions. The nails are trimmed straight across and as close as possible for comfort. After touching the patient the hands are scrubbed first in the lysol and rinsed in the plain water. The solutions need not be changed until cold.

Secondly to prevent infection to any member of the family or the general public, the patient should be isolated so far as possible. In the case of a nursing baby, where so ordered by the doctor, it is perfectly safe to put it on modified milk for the four or five days necessary for a cure, and have the mother pump her breasts regularly to keep up the supply. At the end of the period of isolation nursing may be recommenced with no trouble.

All dressing should be put in a vessel with a tight cover and be burned by the nurse herself at convenient intervals, and the bed and personal linen of the patient should first have the silver stains taken out with a weak corrosive solution and then be boiled before going into the general laundry. The patient's other eye if not infected may or may not be sealed with a collodion seal, to be changed once in twenty-four hours for the sake of observation. If it is left unsealed the patient must be kept turned on the opposite side to prevent any secretion from running across into it. In the case of an infant this is the best method, but older children and adults should have the seal.

Concerning treatment directly, here as nowhere else each case is a law unto itself. The sooner it can be commenced after a positive diagnosis has been made the better, and once begun the eye is to be kept free from pus even if it has to be irrigated every five or six minutes. Twenty-four hours of this sort of work, as a rule, finds the discharge less profuse, and you can commence to lengthen the intervals between treatments.

In giving an irrigation the nurse stands at the head of the bed on the side opposite the eye to be flushed; if possible have the light from above, especially at night. With one hand she supports the head and holds a pledget of cotton to catch discharges, using the index finger and thumb to separate the lids, which should be done very gently and without making any pressure on the globe. A pledget of cotton

saturated in 3 per cent. boric is held in the free hand and the stream of fluid directed along the conjunctival sac rather than against the globe.

Any pus that adheres to the conjunctiva may be gently wiped with the wet cotton, care being used not to touch the cornea and not to leave any shreds of cotton in the eye. Every half hour a drop of 25 per cent. solution of argyrol is used after irrigating.

Before beginning treatment in any case, it is well to put in a drop of 2 per cent. fluoresceine and allow it to remain for one-half minute. At the end of that time the eye is flushed with boric and if there is even the tiniest break in the cornea it will show a greenish tinge over the denuded area. When the cornea stains, even greater care must be used in handling, to prevent if possible any further involvement, as these superficial abrasions may clear up nicely under proper treatment and go on to rapid destruction if carelessly handled.

If there is corneal involvement, however slight, an ointment containing 1 per cent. atropine is usually ordered. Atropia sulph. gr. iv in petrolati \mathfrak{z} i is a favorite prescription. The ointment spreads evenly over the cornea and heals and protects it, only a very small amount is used at one time, and it is usually applied by pulling down the lower lid and sliding it off the end of a toothpick.

In the first few hours there is apt to be grave danger from chemosis, as the swollen lids press upon the cornea and shut off its nutrition. Compresses are sometimes ordered, either hot or iced or both in alternation, and should be of the thinnest old linen one can procure in order to minimize weight.

A method that is far superior to the compresses, however, is the use of oxide of zinc applied freely to the inflamed area and along the edges of the lids to prevent their sticking together. This last is one of the most important points in the nursing of this disease, for if the lids are allowed to become glued together the pus is prevented from escaping between whites and is dammed back, increasing pressure and being forced into the deeper tissues and accessory ducts, thus prolonging treatment. In some cases the lids are painted daily with a 1 or 2 per cent. solution of Agno₃, or one drop of the 10 per cent. solution of protargol is used once or twice a day in conjunction with the other treatment. This is dangerous ground, however, and is never done except under the supervision of the attending physician. It is rarely ordered unless the lids are soft, as it is apt to increase the chemosis.

At the end of the fourth or fifth day, if the discharge has ceased entirely and several negative slides have been obtained, the patient is put upon some astringent wash to smooth up the roughened conjunctiva. Zinc sulph. gr. i, boric acid gr. xx, and distilled water ℥i is frequently used three or four times a day.

If at the end of twenty-four or forty-eight hours there has been no sign of secretion, the patient may with safety be discharged. This treatment is practical for adults as well as for infants, not forgetting the importance of general nursing in every case. With infants the hands are kept pinned to the side until all discharge has ceased. The oil rub, night and morning, when the arms are rubbed and exercised, is of great value.

In cases that do not clear up immediately and where artificial feeding is to be continued for a number of weeks, a point of special value is not to increase the strength of the formula too rapidly, as the digestion as a rule is not equal to that of a child under normal conditions.

It is impossible during the acute stage to do very much toward eliminating light and handling, but so soon as possible the child should be allowed longer intervals of rest. All eyes that have marked corneal involvement or prolapse belong to the surgeon, and their nursing requires a separate paper.

THE SPHERE OF USEFULNESS OF THE NURSE IN PREVENTING THE INCURABLE PHASE OF CANCER *

By L. A. GIBERSON, R.N.
Philadelphia, Pa.

IN a communication from the Committee on Cancer of the Medical Society of the State of Pennsylvania, the following statement occurred, "The State Medical Society has appointed a committee to stimulate the study of cancer, with the idea of showing as many people as possible the early warning signs, and the danger of delaying treatment." Furthermore, it was suggested by this committee that an address on the advisability of early treatment in cancerous conditions be delivered before the Nurses' Association of the State of Pennsylvania. This

* Read at the annual meeting of the Pennsylvania State Nurses' Association, October 20, 1910.